

Case Number:	CM15-0162133		
Date Assigned:	08/28/2015	Date of Injury:	07/24/2013
Decision Date:	10/21/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36 year old male sustained an industrial injury to bilateral upper extremities, right shoulder and bilateral hands via cumulative trauma from J-8-08 to 7-24-13. Previous treatment included physical therapy, splinting, psychiatric care and medications. In an internal medicine consultation dated 7-1-15, the injured worker also noted the development of anxiety, depression, sleep difficulties and elevated blood pressure that he attributed to job stress. The injured worker reported that he had been diagnosed with hypertension in 2013. The injured worker stated that he checked his blood pressure on a regular basis and on average his blood pressure was 152 over 105 mmHg with occasional spikes of 190 over 117 mmHg. The injured worker reported a weight gain of 45 pounds since his injury. The injured worker's current complaints included headaches, urinary frequency and pain in bilateral upper extremities, bilateral elbows, bilateral hands, bilateral wrist and right shoulder as well as bouts of depression, stress, anxiety and insomnia. Physical exam was remarkable for blood pressure 158 over 103 mmHg, pulse 102 bpm, weight 292 pounds, lungs clear to auscultation, heart with regular rate and rhythm and soft abdomen with positive bowel sounds. Current diagnoses included hypertension, orthopedic diagnosis and psychiatric diagnosis. The treatment plan included laboratory studies, an electrocardiogram, two dimensional echocardiogram, carotid ultrasound, a 7 day holder monitor, a blood pressure monitor and medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

2D Echo: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19357029>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for the Clinical Application of Echocardiography, for systemic hypertension (circ.ahajournals.org/content/95/6/1686.full).

Decision rationale: The patient was injured on 07/24/13 and presents with palpitations with shortness of breath. The request is for a 2D ECHO. There is no RFA provided and the patient is on temporary total disability. MTUS/ACOEM did not discuss echocardiogram. Other guidelines were used. In the journal *Circulation*; 1997; 95: 1686-1744, the ACC/AHA Guidelines for the Clinical Application of Echocardiography, for systemic hypertension (circ.ahajournals.org/content/95/6/1686.full) states: "Echocardiography is the noninvasive procedure of choice in evaluating the cardiac effects of systemic hypertension. "M-mode and two-dimensional echocardiographic estimates of LV mass are more sensitive and specific than either the ECG or chest radiograph in diagnosing LV hypertrophy or concentric remodeling." The patient is diagnosed with hypertension, anxiety, depression, sleep difficulties and elevated blood pressure that he attributed to job stress. The 08/06/15 report states that the patient's blood pressure is 121/81 mmHG, heart rate is 71 bpm, height is 6'3, and weight is 291 pounds. The lungs are clear to auscultation. There are no rales or wheezes appreciated. There is no dullness to percussion. Regular [cardiovascular] rate and rhythm, S1 and S1. There are no rubs or gallops appreciated. The 08/06/15 Secure Cardio Cardiac Telemetry Summary Report indicated that "during the course of monitoring, isolated ventricular ectopic beats were detected. Patient's isolated supraventricular ectopy detected. The patient was noted to have an irregular rhythm at times throughout the monitoring period." Obesity is a risk factor for a variety of cardiac conditions. Given that the patient is obese and has an irregular rhythm, the echocardiogram to evaluate the patient's cardiac condition appears reasonable. The request IS medically necessary.